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TRANSMITTAL
FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/083,450
Filing Date	2/25/2002
First Named Inventor	Viraraghavan S. Kumar
Art Unit	3753
Examiner Name	J. Rivell

2

Attorney Docket Number

204.021700

ENCLOSURES (check all that apply)

<input type="checkbox"/> First Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

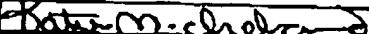
Firm or Individual name	Michael A. Bilicki USPTO Reg. No. 42,279 THE BILICKI LAW FIRM, P.C.
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Signature	
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Date	17 March 05
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PTO/SB/181 (11-04)

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INDICATION FORM**

Application Number	10/093,450
Filing Date	2/25/2002
First Named Inventor	Viraraghavan S. Kumar
Title	Proportional Solenoid-Controlled...
Art Unit	3753
Examiner Name	J. Rivell
Attorney Docket Number	204.021700

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:



Practitioners associated with the Customer

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(d) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature	Viraraghavan S. Kumar	Date	2-28-05
Name	Viraraghavan S. Kumar	Telephone	(321) 729-9634
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit
multiple Total of _____ forms are submitted.

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